PHILADELPHIA MEDICAL TIMES.

SATURDAY, JULY 19, 1873.

ORIGINAL LECTURES.

A LECTURE
ON EPIDEMIC OR MALIGNANT CHOLERA.

BY ALFRED STILLÉ, M.D.,

Professor of the Theory and Practice of Medicine in the University of Pennsylvania.

(Concluded from page 649.)

DIAGNOSIS.—The only diseases which malignant cholera resembles are the sporadic form of cholera, serous diarrhœa, and poisoning by certain irritant substances. I have already intimated the difficulty of making a distinction between sporadic and epidemic cholera, founded upon the symptoms alone. In both there may be vomiting and purging, coldness of the limbs, cramps in the legs, feebleness of the pulse, abdominal pain, and faintness. In the epidemic disease the additional symptoms seem to depend upon the profuse loss of fluids from the bowels. In the sporadic form the discharges are mucous and bilious for the most part, and take place first from the stomach and afterwards from the bowels; in the epidemic they are serous, or at least watery, stools, and for the most part exist for some time before vomiting sets in; when they become profuse the skin assumes a bluish color. The serous instead of bilious discharges, and the cyanotic color of the skin, are, then, the diagnostic marks of cholera asphyxia. But, as the cyanosis does not appear until the advanced stage, the only remaining symptom, and the only *symptom* at all, which distinguishes epidemic from sporadic cholera *during the first stage*, is the *watery evacuations* of the former disease.

Serous diarrhœa, or *diarrhœa aquosa* of some authors, resembles cholera in a certain degree: that is to say, watery discharges accompany both affections. These form the characteristic symptom of serous diarrhœa; and when they are accompanied with vomiting, as sometimes happens, there is nothing in the symptoms of the attack to distinguish it from a mild one of epidemic cholera. I do not know that this form of diarrhœa has ever become epidemic.

Malignant cholera also bears a strong resemblance to acute poisoning by arsenic. "The vertigo, derangements of the senses, the great depression, epigastric distress, thirst, cramps, the general coldness, and suppression of the urine,—all of these symptoms are common to both morbid conditions." But *burning heat and constriction of the œsophagus*, and *violent pain* in the *abdomen*, are occasioned by arsenical poisoning, and not by cholera; and this form of poisoning never produces such stools as distinguish cholera.

TREATMENT.—In estimating the value of the treatment of cholera, a very important consideration presents itself on the threshold of the inquiry. Is the treatment of the premonitary diarrhœa to be considered as forming a part of the treatment of cholera? No doubt an affirmative answer to this question should be given. I have already pointed out the fact that in a great majority of cases diarrhœa constitutes the first and forming stage of the graver affection, and constitutes also the first evidence of the action of the cholera poison. The prevalence of diarrhœa during cholera epidemics, whether or not the season or the other circumstances be such as usually occasion diarrhœa, shows that in each case the bowel complaint proceeds from the same cause. In the English epidemic of 1849, when the mortality from cholera was 53,241, that from "diarrhœa" was 18,869. The enormous number destroyed by the latter disease clearly indicates that the cholera poison produced diarrhœa where it did not occasion the more malignant disease. The treatment, then, of the stage of diarrhœa is in reality the treatment of cholera. I may add, what is of vastly more value than this pathological conclusion, it is *the only stage of the disease in which treatment makes a sensible impression upon the mortality*.

When the disease comes on gradually, in the form of diarrhœa, it can nearly always be arrested by the usual remedies for bowel complaint. These may consist of opium either with stimulants or with astringents. The stimulants most generally used are the essential oils of cajeput, cloves, cinnamon, peppermint, etc., with which chloroform, ether, or Hoffmann's anodyne may be associated. Probably such agents are particularly indicated when the attack has been somewhat sudden. The same may be said of hot drinks which are given at the same time, and which should contain some alcoholic distilled liquor in moderation. The patient meanwhile should be kept warm, and if necessary wrapped in blankets, and an effort made to force and maintain a free perspiration. If such remedies do not speedily diminish the diarrhœa, they should be discontinued. Owing to the depressing influence of the epidemic poison, these means will be of little value unless the patient be kept perfectly at rest. He should lie in bed, and not rise at all,—not even, if possible, to obey a call of nature. As a general rule, astringents are more efficacious than stimulants in checking the premonitory diarrhœa. Chalk mixture, with tincture of catechu and a little laudanum, is sufficient if the symptoms are very mild, and particularly if the stools continue to be brownish. But if they assume the serous character, it is better to resort to acetate of lead and opium. By many it is preferred to combine *calomel* with these substances, in the pilular form. The proportion of opium should *never be* large, and least of all on the approach of the fully-developed stage of cholera; for then it tends to depress and paralyze, instead of stimulating, the functions. At the appropriate period, pills containing one grain of acetate of lead and a quarter grain of opium may be administered every hour.

In the second stage of cholera, with serous vomiting and purging, the treatment becomes more difficult; for the action of medicines must be very

slight when they remain but a short time in the stomach and are copiously diluted by its secretions. In reviewing the long catalogue of those which have been prescribed during this stage, I can scarcely find one which is even claimed to have been effectual. Bleeding has nothing but the fanciful notions of enthusiastic gentlemen to recommend it. Alcoholic stimulants, ammonia, narcotics, astringents, quinia, emetics, even, and purgatives, have had their advocates; but no successful results attest their value. On the contrary, no well-informed practitioner would now place the least dependence upon them.

Alkaline solutions,—muriate of soda and sesquicarbonate of soda,—warm, and largely diluted, have been injected into the *bowel*, with the effect of replenishing the exhausted vessels and restoring, for a time, warmth to the skin, force to the pulse, and animation to the countenance; while they relieved the cramps and dispelled the cyanotic color of the skin. Similar solutions have been injected into the *veins*, with still more striking and encouraging effects. But these phenomena were like those produced by galvanizing a corpse: a sudden and almost miraculous development of energy displayed the semblance of reviving life; but hardly had hope been conceived before it was doomed to be disappointed. The symptoms returned; and usually no second resurrection followed the persistent employment of the remedy.

A plan for the success of which a persistent claim has been set up by many respectable practitioners is the one which was proposed by Dr. Ayre, of Hull. It consists in giving one or two grains of calomel every five or ten minutes, and one or two drops of laudanum with the first few doses of the drug, and in perseveringly continuing the same dose, at the same intervals of time, until the symptoms of collapse become materially subdued. From that time it is not claimed to do good, and may, certainly, be injurious.

Of other internal remedies, those of a stimulating class, and particularly brandy and wine, would seem to be suggested by the general prostration and exhaustion and the coldness of the skin. They have, accordingly, been used very extensively; and the general result of experience is that they are *worse than useless*. They not only do not tend to arrest the discharges and the progressive coldness, but, on the contrary, they augment the vomiting and distress.

Everything, besides what has been mentioned, that appears to be of any service, is beneficial only by moderating some of the more troublesome symptoms of the attack. Ice is generally grateful to patients in impending or actual collapse. It relieves the burning thirst, and, in many cases, seems to favor reaction, while it appeases the feeling of intense heat in the abdomen. Iced water may, in like manner, be given repeatedly, but not in such large quantities as, by their bulk, to excite vomiting. Cold carbonated water is very grateful to many patients. Lime-water, with milk, may also be tried, as a means of affording nourishment and controlling, in some degree, the vomiting.

A very eminent physician and medical writer of London insists that cholera patients should have none but hot drinks, because their bodies are already so cold. Fortunately, nature's voice is more authoritative; and cholera patients clamor for cold drinks and swallow them greedily, in spite of the theoretical conclusion that they ought to prefer hot ones.

A great variety of external applications have been resorted to for the purpose of retaining the blood in the cutaneous vessels, of maintaining the warmth, relieving the spasms, allaying the vomiting and purging, etc. Of these, the most commonly employed belong to the class of rubefacients. Sinapisms are applied to the epigastrium, or to the whole abdomen. Frictions of the extremities with liniments containing turpentine, ammonia, cantharides, or tincture of capsicum, or simply with dry and coarse cloths, and even ligature of the thighs, are commonly resorted to. But I doubt much whether any means which agitate, disturb, and exhaust the patient are likely to be useful. The revulsive action of mustard, however, is not liable to the same objection, and should certainly not be neglected; and ligatures around the thighs may also be tried. It is a curious and interesting fact that *heat* applied to the skin, so far from alleviating the symptoms and restoring the circulation to the surface, is almost always ineffectual, except in relieving the spasms in a few cases. This is strikingly true of *warm baths*, either of water or of vapor. Their depressing effects are sometimes marked and unmistakable, and are much complained of by the patients. At the outset of the disease they seem to be more efficient.

On the other hand; *cold water*, in the form of douche or affusion, is of decided efficacy in some cases, and much more grateful than warm applications. The patient is directed to be laid upon the floor, while cold water is dashed over him; or to be seated in a tub, while the water is poured rapidly over his body. Immediately he is to be dried, and wrapped in blankets, and after an hour or two the operation may be renewed. Frictions of the skin with *ice* have also been productive of advantage. Still, it must be confessed that the results of the treatment by cold water do not authorize its *general* adoption.

If, under the use of any of the means which have been enumerated, it is found that reaction commences, it becomes necessary to temper the activity of the stimulant remedies, but not to desist entirely from their use. To do so prematurely would be to expose the patient to relapsing into the cold stage. But they must be more moderately used. For if this were not done, we might have to regret producing a violent reaction hardly less dangerous than the original attack.

When this does occur under a decidedly sthenic form, it may be necessary to employ moderate depletion by cups or leeches to the back of the neck, in order to calm the cerebral excitement or relieve the stupor. For the same purpose, and where depletion is judged to be improper, cold lotions and ice may be applied to the head. Blisters to the epigastrium may be directed, to calm the vomiting, if it should continue, or to relieve pain in the

stomach. If the urine is not duly secreted, mild diluent and mucilaginous drinks are useful. Some persons recommend, also, the weaker salines; but the risk of renewing the diarrhœa should make us cautious in their use. Care should be taken to prevent distention of the bladder, either by applying warm fomentations to the hypogastric region, or by introducing the catheter. The management of the *convalescence* from cholera requires attention. The most important precepts relate to the *diet* and *exercise*. Premature and undue exertion is most sedulously to be avoided, as well as all exposure to cold, and all attention to business that involves anxiety and fatigue. The diet should be mild, digestible, and nutritious, and not too abundant. If, as is usually the case, the stomach digests feebly, it must be aided by the stimulant operation of cayenne pepper or a little mustard used with the food, and by bitter vegetable infusions, or a little quinia, taken before the principal meals. If diarrhœa recurs, the food must for the time be rendered less stimulant, and a few doses of chalk mixture or of bismuth, with catechu or with a little opium, may be prescribed. When, on the other hand, constipation follows the attack, it may be removed by allowing sound and ripe fruit in its fresh state, or, what is safer, stewed fruit; or else a small dose of castor oil or of rhubarb may be directed.

Such are the causes, characters, and treatment of cholera. I have endeavored to impress upon you, as the capital point in the discussion, the extreme importance of meeting the disease at the very threshold, whenever it does not assault violently and suddenly. There you are its master, and may safely and easily drive it away. But once it has passed that boundary and taken possession, you will have a sharp struggle with it for the victory, and too often will be compelled to leave it master of the field.

ORIGINAL COMMUNICATIONS.

ANAL AND PERINEAL NEURALGIA.

BY S. WEIR MITCHELL, M.D.

I HAVE met with a set of cases during the last few years which, so far as I know, are undescribed in the books, and which are sometimes very unmanageable. The disorder in question is a painful affection of the anal and perineal regions, accompanied or not, as the case may be, with spasmodic contractions of the anal muscles and of those of the perineum. This form of neuralgic trouble is met with now and then in locomotor ataxia, but so far I have encountered it only in men, and even in them it is rather rare, since in the numerous examples of this disease which I have seen at my clinic, or in private practice, it has occurred but in two cases.

One of these was a man æt. 38, who had been ataxic for nearly twelve years, during all of which time he had had frequent attacks of terrible neuralgia in the legs and arms. About once a month he is seized with agonizing pain in the anus and perineum. The pain has no relation to the state of the bowels, and invariably comes on soon after he goes to bed, and usually when he is nearly asleep. After a half-hour of singular torment, the anal muscles begin to quiver, or, as he says, "to work," and soon after the attack passes off. More rarely it continues longer or recurs during the night. An application of ice gives relief after a time.

In the other example there is no spasm, but the pain is always nocturnal, and is apt to awaken him from sleep.

In all the remaining cases which I have seen, the attacks followed masturbation or sexual intercourse, and in one instance was apt to take place after nocturnal emissions.

A lad æt. 18, who consulted me last year, told me that he began to suffer two years before, while practising self-abuse very freely. The pain began in the anus, and there was no spasm. It followed masturbation immediately, but not after every instance, and was most common when the indulgence in this vice had been excessive. A few months before I saw him he had ceased to masturbate, but the pain still came on about once a week, and usually soon after he went to bed. Firm pressure on the anal region gave some relief; but he was not finally cured until after a long course of tonics and of sea-bathing. I have met with other cases of the same sequence, and in old men I have also seen a few examples in which there had been no sexual excitation to account for the pain.

It is much more rare after sexual intercourse; but in two of the most severe examples this relation existed. One of them was a young man, married some three months, who told me that after having sexually exhausted himself he had his first attack, which was very violent. The pain began in the anus and extended to the perineum, and there was but very slight spasm. After this it followed, occasionally, sexual intercourse, but was never again so severe. I enjoined greater temperance in the marital rites, and he suffered less and less until after an ague which the following spring affected his general health. Then there were frequent and severe paroxysms, sometimes without any previous indulgence. As his health improved, the local trouble got better, and has now ceased to annoy him.

I have seen but one case as severe, and this in an unmarried and continent bachelor æt. 35. The pain returned almost every night for two weeks, and was finally cured by suppositories of belladonna and opium. The spasms were lasting and very painful, and came on with the earliest of the deep-seated dull pains in the rectum. I have not met with any, save the ataxic cases, which resisted treatment for a length of time.

I have described in the *American Journal of the Medical Sciences* for July, 1873, a curious series of ataxic cases with neuralgia, in which permanent ease was obtained by absolute rest. In one of these there was slight but frequent anal neuralgia, which ceased with the relief of the pains in the limbs.

NOTES OF HOSPITAL PRACTICE.

CHILDREN'S HOSPITAL.

Reported by HENRY M. ESTRAZULAS, M.D.,
Resident Physician to the Children's Hospital of Philadelphia.

EXCISION OF THE KNEE IN ARTHRITIS.

ROBERT M., æt. 9, American, was admitted on the 24th of May, 1872.

The patient had been under surgical treatment at the "Union School," and presented himself to us with a swollen and hard knee, stiff, flexed to nearly a right angle, and covered with superficial ulcerations. The general health was good. The patient traces the origin of the disease to a fall upon an oyster-shell about a year ago. Pain, swelling, and stiffness followed, rendering the limb useless, and obliging the patient to go about on crutches.

When admitted to the hospital, the patient was put to bed, a straight splint applied, and the ulcers dressed.

When these were healed, the external ham-string was subcutaneously divided, the limb forcibly straightened and kept in position by a splint.

After this the tendency to retraction continued, and consequently the operation for excision was decided upon, though postponed till the summer should be over.

On the 5th of October the operation was performed by Dr. H. Lenox Hodge, as follows:

A straight incision was made beneath the patella, and was carried slightly curved towards the femur. The skin was dissected back, and the joint opened. The ligaments were found ulcerated, and pus burrowed underneath the patella and in front of the thigh.

The patella was removed, and then, flexing the limb, sections of the condyles were taken off obliquely below the epiphysis. The head of the tibia was next sawn from below upwards, the leg extended, and both ends of the bone brought together. The wound was dressed with sweet oil, the incision was closed with lead sutures, and the limb put on Packard's splint.

Little febrile movement followed; and a few days after, extension by weight was used. This was substituted by a posterior straight splint. The wound healed up well, and with no complications. Six weeks afterwards a pasteboard splint was applied, and the patient was allowed to go about on crutches. On March 14 the patient was discharged, in excellent health, and with the following results:

Patient walks very well, and without any assistance. Leg firm and united, and slightly flexed. Femur slightly prominent inwardly. Foot slightly everted while walking; it is normal while standing. Shortening, one inch and a half.

CASES OF OVARIOTOMY.

BY WASHINGTON L. ATLEE, M.D.,
Of Philadelphia.
Reported by J. EWING MEARS, M.D., of Philadelphia.

(Continued from page 629.)

CASE 239.—A solid malignant tumor of the right ovary, accompanied by ascites; incision about seven inches in length; death on the thirteenth day.—June 17, 1871, Mrs. J. A. O., of Wilmington, Delaware, consulted Dr. Atlee in reference to an abdominal tumor. She was 32 years old. Menstruation commenced at twelve years of age, continued regularly for three months, was then suspended for a long time, and, when it returned, occurred every three weeks until she was married. She was married in March, 1863, after which she became more regular. She had three children; the youngest was two years old. Lactation was free, and she did not menstruate while nursing. Latterly the menses had been scant and continued two weeks.

The patient first noticed the tumor on the 19th of April, 1871. Three weeks before Dr. Atlee saw her, Dr. Wales, of Wilmington, Delaware, examined her. On the 15th of June she was tapped by Drs. Wales and Bush, removing eighteen pints of amber-colored fluid, containing, after standing, a whitish sediment. The fluid coagulated by heat.

Although tapped only two days before Dr. Atlee saw her, she was as large as a woman at full period of utero-gestation. There was evidently an accumulation of fluid, to the amount of six or eight quarts, in the cavity of the peritoneum. The resonant sound existed over the highest point of the abdomen in all positions of the body. A tumor could readily be detected immersed within the fluid. It was very movable, slightly uneven, and felt like a compact multilocular ovarian tumor. The uterus was central, movable, and non-adherent to the tumor, as both could be rubbed on each other and moved independently of one another. The pelvis was free from hard deposits, and did not indicate the presence of malignant disease. The lower portion of the tumor could be felt in the superior strait of the pelvis, anterior to the fundus uteri, and communicated to the hand a sensation resembling that of a uterine cauliflower excrescence. The tumor was freely movable, could be pushed high in the abdomen, and to the opposite side. An examination by the speculum revealed granular inflammation of the os uteri.

The patient considered herself pregnant; but Dr. Atlee was satisfied that she was not.

The diagnosis was a compact multilocular tumor of the right ovary, with peritoneal effusion.

June 26, 1871, Dr. Atlee removed the tumor, assisted by Drs. Wales, Bush, Kane, Johnson, and Grimshaw.

The tumor was attached to the right side of the uterus, and kidney-shaped. The pedicle was broad and dense, and was attached to the concave surface of the tumor. It was secured in ¾-inch space of Atlee's clamp.

The case terminated fatally on the thirteenth day. No autopsy. Dr. Wales wrote, "I am rather inclined to the opinion that the operation for the removal of the tumor was successful; but the diseased action of the body causing the dropsy still continued, and caused her death."

Dr. Mears made an examination of the tumor, and described it as "a specimen of scirrhus or fibro-carcinoma of the ovary."

Case 240.—Unilocular ovarian cyst; tapped three times; parietal and omental adhesion; incision about three inches long; recovery.

August 9, 1871, Dr. Atlee visited Mrs. E. H., at Pittsburg, for the purpose of performing ovariotomy. She was 40 years old, and first menstruated when very young; was always regular,—discharge lasting one week. She was married at the age of thirty-one; had four children, the first parturition being difficult and followed by metritis and puerperal peritonitis. She nursed her children one year; had good lactation, and her menses returned one month after child-bed and continued regularly while nursing. Her youngest child was about sixteen months old. With the exception of her present disease, she has always enjoyed good health. She has recently become emaciated.

She first noticed the tumor in February, 1868, at the birth of her third child. Her labor was superintended by Dr. Landis, of Hollidaysburg, and after the birth of the child the abdomen remained so large that it was at first supposed that another child would follow. The

size of the abdomen afterwards did not seem to increase, and she in due time became pregnant again. During gestation the motions of the child were felt in the lower central part of the abdomen. She was confined with this, the fourth, child in April, 1870. Five weeks after its birth she was tapped by Dr. James King, of Pittsburg, who removed twenty-six pints of clear fluid, containing masses of lymph. She was tapped twice afterwards, the last time about two months before Dr. Atlee saw her, when the fluid was more milky in color and contained a larger quantity of masses of lymph. She was menstruating at the time of Dr. Atlee's visit.

The abdomen was larger than that of a woman at full period. It was uniform in shape, with rather greater prominence over the right side. It was smooth and elastic over the whole surface, excepting over a point in the left side. Fluctuation was distinct. The xiphoid cartilage was elevated to an angle of forty-five degrees. The uterus was central and movable. The pelvis was free. The sound entered only one inch.

Diagnosis.—Unilocular ovarian cyst of the right side, with some deposit in its left wall.

The following gentlemen assisted at the operation for the removal of the cyst: Drs. James King, Bruce, Mowrey, Gallaher, Pollock, Coffey, C. B. King, Sutton, Le Moyne, and Messrs. Rea and Estep.

About six or eight ounces of blood were lost during the operation. The uterus was enlarged; the left ovary was healthy, having a corpus luteum quite apparent. The tumor consisted of the right ovary, was unilocular, and had in its left wall some secondary deposits.

The patient recovered.

Case 241.—*Multilocular ovarian tumor; most extensive visceral and parietal adhesions; incision five inches in length; death in thirty-two hours; autopsy.*

August 3, 1871, Mrs. W. H. B., of Port Gibson, Mississippi, came to Philadelphia to consult Dr. Atlee in reference to an abdominal tumor. She was 36 years old, and had first menstruated at twelve or thirteen years of age. She was tolerably regular. Occasionally she had attacks of chills and fever, at which time the menses were irregular. She always had dysmenorrhœa. She was married at the age of nineteen, had one child at the age of twenty-one, which lived nine months.

She first noticed a tumor, as large as the fist, in the right side, in the fall of 1866. It was hard, and slightly movable, and continued regularly to increase in size. At that time her weight was two hundred and four pounds, being a very large and fleshy woman. In 1867 her physician, Dr. Thomas, sent her to New Orleans to consult Dr. Stone. On her return Dr. Russel took charge of the case, and finally directed her to consult Dr. Atlee.

The following is a report of the patient's condition: She is tall, and very much emaciated and feeble, with a pulse over 100. The abdomen is very large and prominent, and most developed below the umbilicus, so as to be somewhat pendulent. There is resonance in the epigastric and right hypochondriac regions, and dulness elsewhere. The tumor is decidedly multilocular; the cysts generally small, with some very hard deposits, particularly in a line with the left linea semilunaris. The accumulation of ascitic fluid exists in the hypogastric region. The superior strait of the pelvis is impacted by the mass. The uterus, which had formerly been in a state of procidentia, is elevated above the symphysis pubis. The os can just be reached, and is singularly malformed, representing two long nipples, with the entrance between them. The sound enters two and a half inches, going towards the left groin into a small mass. This mass, before menstruation, enlarges to the size of an egg, and again diminishes as the discharge occurs.

She measures round the waist thirty-four inches; round the umbilicus forty-six inches; from sternum to umbilicus thirteen inches, to pubes twenty-seven, and between the two ilia twenty-five inches.

Diagnosis.—Multilocular tumor of the right ovary. Prognosis, unfavorable.

August 12, 1871.—The following gentlemen assisted in the operation: Drs. Drysdale, Mears, Keen, Hoffman, W. Lemuel Atlee, Rex, and Barr.

During the operation the patient became very weak, and required stimulation.

Death in thirty-two hours, from shock and hemorrhage, as ascertained by autopsy.

This case belongs clearly to the second class of desperate cases.

TRANSLATIONS.

THE PHYSIOLOGICAL ACTION OF PROPYLAMINE.

Read by M. Laborde before La Société de Biologie. Translated from the *Gazette Médicale*, June 7, 1873,

BY JEAN PAUL BONSIEUR, M.D.

I HAVE the honor to submit to the Society the results of a series of experiments which I have pursued for some time to determine the physiological action of propylamine.

This drug, in spite of its disagreeable odor, is now very much in fashion. Its therapeutic employment is not new, it having been used in Russia almost as a panacea. It has recently been brought into notice in this country by Dujardin-Beaumetz. Already numerous clinical experiments have been made on man until other evidence seems unnecessary; but therapeutic tests are always more or less empirical, and should invariably be preceded by a knowledge of the physiological and toxic action of the drug. *Primo non nocere.*

The only acquisitions, up to the present, relative to this subject, were as follows: Some observations of M. Guibert on himself, who considered this substance to be a slight excitant of the skin and mucous membranes, and an hyposthenic of the arterial system. With Professor Coze and Dr. Fargier-Lagrange, it diminished the quantity of urine, lowered the activity of the circulation and temperature, and exerted a sedative action on the nervous system.

According to Dr. G. Namias, it augmented diuresis, diminished the number of pulsations, lowered the temperature and arterial tension. The experiments of M. Rabuteau, made with chlorhydrate of propylamine, seemed to demonstrate that this agent immediately arrested the action of the heart, as occurs under the influence of one of the so-called cardiac or muscular poisons. (See thesis of Bourdet, Paris, April 25, 1873.) The substance called propylamine is not a fixed composition, always of the same identity. Without entering into its chemical composition, I will state that I have used for my experiments both the impure drug and also trimethylamine. The experiments were made on mammals (dogs and rabbits) and frogs; the latter animals answer extremely well to show the action of this agent. With the mammals the drug was exhibited by the stomach, and by subcutaneous injection; with the reptiles, however, the inter-digital membrane was made the absorbing medium, by fixing the animal vertically in a flask and allowing the feet to be immersed in the fluid below; by these means the process of absorption is maintained free from interruption.

When a gramme and a half or two grammes were injected beneath the skin in the groin of a young and vigorous rabbit, in the course of three-quarters of an hour, or an hour, the animal became restless, its fur

rough, a general trembling ensued, it started at the least touch, the respiration was notably accelerated, the cardiac action became more frequent; later it became distressed, gathering itself up in a corner, and walked with great difficulty when excited, the irritation causing lively reflex action, with shaking and trembling. The respiration became more and more frequent, the cardiac action more precipitated, but its impulsion appeared weakened; finally the animal fell into collapse, with signs of asphyxia, and died. On autopsy there was found a discoloration of some extent of the abdominal integument about the point of injection, with a gangrenous condition, accompanied by emphysema. The examination of the viscera showed patches of pulmonary congestion, points of vesicular emphysema, and some spots of subpleural ecchymosis. The heart contained large black clots in both cavities. The kidneys showed a state of congestion; the bladder was filled with urine, non-albuminous, with an ammoniacal odor.

Under these experimental conditions two phases were displayed: the one a period of trembling, characterized by convulsive succussion, agitation, increasing to excito-motor action, with hyperæsthesia, and an augmentation of the cardiac and respiratory movements; the other, a period of depression, of collapse, characterized by a certain degree of motor paresis, and terminating in asphyxia. The experiments with frogs confirmed the first results; but they further determined the state of the muscular and nervous systems. We proceeded, as already indicated, to place the inter-digital membrane of a vivacious frog in a bath of trimethylamine; after absorption had proceeded for half or three-quarters of an hour a lively agitation occurred, soon followed by slight convulsive starts, fibrillous twitching of the muscles of the feet, jumping at the least noise or disturbance of the flask, dilatation of the pupils, increase in the movements of respiratory deglutition, and also of the cardiac pulsations. As the influence of the drug asserted itself, the agitation ceased, the reflex excitability grew less, the muscular action disappeared. At the same time a progressive decrease of the cardiac movements occurred: from 64 to 68 beats to the minute at the commencement of the experiment, they fell to 34, 20, 12, and, finally, were suspended; the animal succumbing in one hour, one hour and a half, sometimes two hours, after the exhibition of the drug. In the course of the experiments the sciatic nerve was laid bare, in order to examine the state of the motor excitability, which is so notably increased, as is also the muscular contractility, during the stage of excitement. Both persist to the last, but progressively diminish in power. The inter-digital membrane presented a very anæmic appearance.

The experiments on the reptiles truly demonstrate, as in the mammals, the two phases in the action of this drug,—the phase of excitement, characterized by exaltation of the physiological properties of the nervous and muscular systems, and the phase of collapse, truly toxic, marked by the depression and cessation of the functions which belong to the same systems.

It only remained to determine which of these systems was first affected by the drug. The whole of the previous experiments tended to demonstrate that the nervous system was first brought under its influence, as shown by the hyperæsthesia, convulsive trembling, and the augmentation of the excito-motor phenomena; the results of the following experiments definitively settle the question.

On section of the dorso-lumbar nerves in a frog under the action of trimethylamine, destroying communication between the cord and posterior extremities, the convulsions do not occur in the latter, yet the muscular contractility remains intact. If the vessels of these parts be ligated, the abnormal excito-motor phenomena take place coincident with those of the other limbs.

The following experiments show clearly that the drug acted directly neither on cardiac nor muscular contractility. Four grammes of tremethylamine dissolved in twenty grammes of water were injected into the cardiac extremity of the crural vein of a young dog, vigorous and of ordinary size. Immediately general tetanic rigors occurred, with diaphragmatic spasm, momentary arrest of the respiration, and accelerated cardiac action; after a long inspiration the animal recovered, and respiration became regular; but soon an active excitement ensued, with violent struggles, and the ejection of abundant bile from the mouth; the limbs were shaken by convulsive action, which gradually moderated. After being released it soon became immovable, lying flat on the side. The following day it showed complete recovery. We then subjected it to the following experiment: Section of both pneumogastric nerves with artificial respiration; after some repose five grammes of trimethylamine diluted in twenty-five grammes of water were injected into the cardiac end of the crural vein; during the injection, which was made very slowly, the heart showed an appreciable modification both in frequency and in rhythm. The injection renewed with four grammes of the drug caused only a slight increase in the pulsations. On autopsy the surface of the endocardium showed considerable irritation, with numerous ecchymoses.

To complete these researches, we administered the drug, to dogs, every day for a considerable time, by the œsophageal tube, in doses progressively increased. A dose of two grammes to two and a half given to a dog of medium size will produce almost instantaneous vomiting. In less doses, anxiety, immobility, a condition of distress, general muscular trembling, accelerated action of the heart, distaste of food, marked emaciation; sanguinolent urine is voided at the end of six days, charged with biliary and coloring matters in abundance; a great susceptibility, hyperæsthesia, increase of reflex excitability. Such are the chief phenomena under these conditions.

Chronic Poisoning with Chloral Hydrate.—In the June number of *The Practitioner* there is a paper translated by the editor of that journal from the writings of Dr. Ludwig Kern, detailing a series of morbid phenomena which appeared in the course of a continuous employment of chloral. The most prominent symptoms were extensive cutaneous erythemas, and pustular or papular exanthemata. The vessels of the head and face were first dilated; but in pronounced cases this condition extended downwards, following by preference the course of the larger nerve-trunks. Conjunctivitis, inflammations of the mucous membranes, and congestions in various parts of the body were also noticed. A very important symptom was an interference with respiration, sometimes slight and sometimes amounting to actual dyspnœa, endangering life. The effects of chloral upon the skin and mucous membranes, and the dypsnœa produced by it, may all be explained by the assumption that it operates upon the vaso-motor centre and the medulla oblongata, and that its paralyzing influence extends thence to the peripheral branches of the affected nerves.

There was another class of cases in which both the quality of the symptoms and their greater or less extension in the organism indicated a distinct change in the composition of the blood. They were attended with petechiæ, subcutaneous ecchymoses, colliquative diarrhœa, bronchitis, diffuse abscesses, high and continued fever, and all the symptoms of profound blood-poisoning.

PHILADELPHIA
MEDICAL TIMES.
A WEEKLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

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SATURDAY, JULY 19, 1873.

EDITORIAL.

CHOLERA.

OUR readers, no doubt, will remember that we failed in our last issue to lay before them any information of much interest concerning the epidemic of cholera prevailing in the West. Owing to the kindness of our correspondent, Dr. Ramsey, of Knoxville, Tennessee, and to the arrival of some of our Western exchanges, we can to-day, in a measure, fill the gap in our last issue.

About two months ago, cases of what bore a strong resemblance to malignant cholera, in symptoms and termination, were reported in New Orleans, —it is said, shortly after the arrival of a vessel from Odessa, where the disease is prevailing. A steamer leaving New Orleans for Cincinnati lost a number of deck-hands or passengers on its way; and not long afterwards cases of the disease made their apperance at Memphis, and at points on the river below.

Following the lines of travel, the disease continued to spread, passing up the river to Paducah and Cincinnati, and along the railroads to Nashville, Gallatin, Murfreesboro', and finally into Eastern Tennessee. Nashville has, as in all previous epidemics, suffered very severely. On June 20 seventy-three deaths were reported there from cholera, and the daily mortality ranged from forty to seventy during the week from the 15th to the 22d. Probably, however, the little town of Greeneville, on the main line of railroad, in the extreme eastern part of Tennessee, has been the most severely punished of any place as yet,—punished for the most reckless disregard of the first principles of sanitary science, if not of those of common decency.

By death and fright the population is said to have been reduced in two weeks from twelve hundred to three hundred. By the 1st of July all business whatever had stopped, except a very limited traffic in food and attention upon the sick and the burying of the dead.

As almost all of the well-to-do had fled, and as no work was to be had, great destitution prevailed; and even famine might have been added to the miseries of the poor, had not the surrounding towns answered their cries for help. The cause of this great malignancy is not hard to discover, and is clearly shown in the following extract from Dr. F. A. Ramsey's official report to the mayor of Knoxville:

"More than a quarter of a century ago, an immense pit was dug in the very centre of the town, and a cloaca erected over it with capacity sufficient for the accommodation of the entire community during all these years. A very short time before the erupting of the disease by which the town has been depopulated, an *energetic* citizen ingenuously emptied this pit, and had the contents wagoned through the town and spread upon the face of a hill on the northwest verge of the corporation, the contents from the pit spreading over a very considerable surface of wet ground, exposed for several days to a fiery sun. Then there occurred the heaviest rain that any citizen of Greeneville had ever witnessed. It was the eastern side or slope of the hill on which the deposit was made; and, of course, the wash of the hill was into and through the town. The heavy wash of this rain carried all the surface soil from the hill, and, as the water covered an area equal to three-fourths of the corporate extent of the town, the *débris* from the pit which it held, fairly divided, if not dissolved, was distributed to just so much of the surface of the ground. But this is not all: the *pile* is yet incomplete! The town of Greeneville is a town of gardens, each garden-owner indulging an emulation as to who would have the best grapes,—all the gardens having grape-arbors of less or very large extent. All the inhabitants of the town believed that the fæcal deposit made by men, women, and children is of all things the best to give vigor to the grape-vine, fulness to the grape, and luscious delicateness to the flavor and mellowness to the odor of the juice of the fruit. Every cloaca in the town surrendered its contents, and at the root of each main stem was buried, in wet earth, a pile of human excrement. . . . In the overflow several wells were contaminated, the waters of which, of course, are poisonous now, but outside of the overflow there is no reason to believe the water of the town to be otherwise than pure. The cloacæ of the town are without pits, and are all built upon a natural or artificial drain or sewer, communicating with a creek that passes from a northwest point, running east and then south through and on the edge of the town, and soon entering and pass-

ing through farms more or less contiguous to the town. The stock on these farms drink the water of this stream from Greeneville; and as far distant as five miles from town, on this stream, cases of the disease have occurred. In no instance of occurrence of the disease in Greene county has it been difficult to demonstrate a direct or indirect contact with Greeneville atmosphere and Greeneville water, contaminated by human fæcal matter."

Wherever the disease has prevailed, the colored population have suffered more than the white, largely, no doubt, because they through poverty frequent the more unhealthy neighborhoods and live in the greater squalor and filth.

Thus, in Nashville on one day forty-nine out of seventy-three deaths were of colored persons. Even when the mortality exceeded seventy a day, the city proper was comparatively healthy; the epidemic prevailing in the low bottoms along the river.

A very singular attempt has been made by some of the most talented physicians of the infected localities to disprove that the disease was Asiatic cholera, and it has been over and over affirmed that it was simply "sporadic cholera." As to the term "Asiatic," we do not stickle for that; call it Mississippi cholera if you please; but we do insist that a disease which spreads over hundreds of miles of country, which depopulates villages and strikes terror into cities, is *epidemic:* if it is simply sporadic, we want to know under what circumstances a disease is epidemic.

Again, we still hold to the belief that two diseases which are identical in mode of spreading, in symptoms, in results, or, in other words, diseases whose natural history is the same, are one and the same thing. The present epidemic has passed along routes of travel, has been propagated by water contaminated with fæcal matter, has attacked most freely those living in low and crowded portions of cities, has produced in its victims all the symptoms and results of true cholera, and is, therefore, in our opinion, nothing else than cholera.

REPORT OF THE MUNICIPAL HOSPITAL.

JUSTLY to give praise is as to give alms: it blesseth him that giveth, as him that receiveth.

It is a luxury—and, we may say, in these later times a rare luxury—to be able to praise anything connected with our city government; but it appears that our Board of Health have availed themselves of the opportunity which they to some extent created for adding to our knowledge of the smallpox,—2377 cases of smallpox, genuine and modified, 743 preventable deaths. Well, it strikes us that this is a pretty dear price to pay for even the excellent report of Dr. William M. Welch, which lies on the table before us. Smallpox is at best a disease of low degree, though of most ancient pedigree,—a pedigree so ancient, so investigated, a face so familiar, a habit so well known, that even Dr. Welch is not able to bring forward anything actually new out of his experience. We notice, however, several things of interest. One is a most gratifying exhibit of the advance of the art of diagnosis among us. Out of over two thousand cases sent to the hospital as smallpox, there were only four cases of debauch, one case of cerebro-spinal meningitis, one of pneumonia, one of pleurisy, one of rheumatism, one of scarlet fever, and one of typhoid fever; and, as we are told that these cases were all or almost all well advanced in their respective diseases, the result is still more gratifying to our professional pride.

As showing the value of vaccination, we note that not a single person connected with the hospital, who had been revaccinated, contracted the disease; while, on the other hand, some three or four of the nurses, who had been affected by smallpox previously, and were not vaccinated, took the disease a second time.

The following extract in regard to vaccination seems worth copying:

"A fanciful opinion was once held by eminent authors that if a pregnant female undergoes smallpox without aborting, the infant, which was supposed to have passed through the disease at the same time, would remain through life unsusceptible to either smallpox or vaccination. We have found, however, that children born under these circumstances respond as readily to vaccination as any other children; so, likewise, have we seen them contract smallpox."

A curious case showing the insensibility to pain sometimes caused by delirium occurred in the hospital during the epidemic. A female, cunningly embracing an opportune moment, ran quickly, and sat down on the open fire-grate. There she remained, apparently insensible to pain, for while her clothing was burning around her, and her flesh charring, she was violently resisting the efforts of the nurse to extricate her.

In conclusion, we express our opinion that the pamphlet of Dr. Welch is worthy of preservation as an excellent and truthful report of a most disgraceful epidemic. We hold that as in war success is the great criterion of the ability, or at least of the value to the state, of a general, so is success in the preservation of a city from epidemics the touchstone to decide the efficiency or inefficiency of a Board of Health; and we think that ours has been tried and found wanting.

WE give place with great pleasure in our columns to a letter concerning the editorial which appeared in our issue for June 27 upon the vacancy in the chair of anatomy at the Jefferson Medical College.

It is possible that if our *composite* friend will carefully re-read our article he will find that our opinions are not so far apart as he imagines. To elect an inferior man to a professorship in a medical college because he is the son of a professor is a gross outrage; but it is certainly no less a gross outrage to reject a superior man because he is the son of a professor. In Philadelphia, of recent years, it has seemed to be a valid objection against a man that he is a relative to a professor, and, while it would be easy to point to instances of this, not once, to our knowledge, has kinship to a teacher in the school aided in the election of a professor.

As matters stand, certainly there is no ground for accusing our electing boards of nepotism.

What the views of the mass of the profession may be we have no better means of determining than has our correspondent; but we certainly still believe the opinions expressed in our editorial are just and true.

The case of Dr. Alexander Simpson illustrates very forcibly one of the points which we endeavored to make in our former editorial. From all accounts, in that instance it became the duty of the medical press to speak out plainly in regard to the matter. In the canvass which has just suffered a miscarriage, certainly there was no such inequality among the candidates. If the matter had been left to a vote of the alumni, or even of the professors, so far as our information goes, no man could have predicted what the result would be.

If under such circumstances the medical press attempt to direct the various currents, if in every canvass each individual journal is to have its own candidate, the whole matter takes on a partisan appearance, and when the right time comes for a word to be spoken with authority, even the united voice of the medical press is but as some one babbling by the wayside.

LEADING ARTICLES.

DISINFECTANTS.

(Concluded from p. 655.)

IF the chloride of calcium spoken of by Eckstein be as efficient as he claims it to be, it ought to be one of the most commonly used disinfectants. So far as I have been able to learn, only the pure form of it is in the market, and this commands a comparatively high price for other than sanitary uses.

Enormous quantities of it sufficiently pure for disinfecting purposes are said to be thown away, as a waste product, in all alkali-works; and its utilization would be a great benefit. E. C. C. Stanford, Esq., of England, in 1872, proposed its use, establishing its value by an elaborate series of experiments proving that of all the chlorides it is the most powerful for its price, and is decidedly superior to "*chloralum*." He recommends it in the form of solution containing twenty-five per cent. of the solid salt, and acidified with twelve per cent. of hydrochloric acid. This increases its power, and is a harmless addition. As it does not make a black precipitate with sulphuretted hydrogen, the chloride of calcium is better than copperas for ordinary household use. The solution of Mr. Stanford appears to be a most excellent form of it for many purposes, but for others the solid form is best. Thus, there is always great difficulty in keeping urinals in houses free from offensive odor: this is said to be entirely obviated by putting a lump of chloride of calcium in the urinal; it lasts a long time, as it dissolves very gradually, and keeps the urinal perfectly free from odor.

Whatever disinfectant, however, be used, it must never be allowed to take the place of *cleanliness*. Large accumulations of organic matter practically never are, if they indeed can be, thoroughly disinfected.

As has already been stated, it is practically impossible to disinfect the atmosphere; and therefore it becomes the more important to destroy at once disease-germs wherever they exist in a solid or a liquid. The practical deduction from this is, that in a disease like cholera, in which the poisonous matter is chiefly—or at least is believed to be—emitted with the stools, the latter should be attacked the instant they leave the body. No patient suffering from cholera should be allowed under any pretence to use a water-closet or privy, but always a closed receptacle in which some material capable of destroying the disease-germs has been previously placed. In this way the *materies morbi* is reached as soon as possible after leaving the body, and has not nearly so great chance of doing harm as when the stool is only disinfected after the patient has arisen from it.

The question next comes up for consideration as to what substance shall be employed for destroying the germs already existent in the discharges. Here especially has the prior place been claimed for carbolic acid. Granting, it is said, that it is not a disinfectant, it is a prince among antiseptics. The most convenient known test of the activity of an antiseptic—*i.e.* a destroyer of disease-germs—is believed to be its power of killing bacteria and similar low forms of vegetable life. Now, the experiments of the great advocate for the use of carbolic acid (Dr. Sansom) have shown that a large number of substances are more active in destroying microscopic organisms than is carbolic acid, and that the corrosive sublimate is about eight times as strong, one part of the mercurial salt in 6000 parts of water sufficing to kill organic germs, whilst one part of carbolic acid in 750 parts of water is required for the same purpose.

When it is further borne in mind that the odor of carbolic acid is most penetrating, permanent, and offensive, that it does not readily dissolve in the various liquids desired to be disinfected, and that it is so terribly poisonous as to have no advantage on such score over the corrosive sublimate, I think it may be well affirmed that when small quantities of the disinfectant are needed, as in cholera cases occurring in private practice, the bichloride is more available than carbolic acid. Moreover, corrosive sublimate actually alters organic compounds, parting with a portion of its chlorine, and being reduced to calomel.

I think, therefore, that for destroying the germs of disease, as in the stools of cholera, corrosive sublimate is preferable to carbolic acid, and is, indeed, on the whole, the best known substance for practical use.

Corrosive sublimate dissolved in Labarraque's solution would, I believe, make the best disinfectant for the purposes now being spoken of,—certainly far more efficacious than carbolic acid, much more manageable, no more poisonous, and cheaper.

It is, however, a question whether copperas, in saturated solution or in powder, freely used, is not, after all, the best material for rendering choleraic discharges harmless. The salt is so cheap that the excreta might be saturated with it at a scarcely appreciable cost, and, so used, it would certainly kill any living germs.

In conclusion, let us sum up the points which it has been attempted to make in this article:

1. It is useless to attempt to disinfect the atmosphere; and therefore great care should be exercised to destroy, as far as possible, the poison-germs so soon as they leave the body.

2. Copperas is the most available disinfectant for ordinary purposes; in certain cases (chiefly for urinals) chloride of calcium is very good.

3. Carbolic acid is not disinfectant, but antiseptic, and, on account of its odor, is very disagreeable; further, it is not so efficient as some other substances for the purpose of killing disease-germs, and for the purifying of cholera discharges either a mixture of corrosive sublimate and Labarraque's solution, or copperas in solution or powder, is to be preferred.

There are in the market various patent or proprietary disinfectants, concerning which I have said nothing, for several reasons. In the first place, I am not able to perceive exactly why a physician should use a patent disinfectant, when he utterly scouts any other proprietary medicine. In the second place, I have not yet seen any proof that these substances are superior to our ordinary disinfectants, but much evidence to the contrary.

H. C. W., Jr.

Curative Action of Ipecacuanha in Diarrhœa.—Dr. Thorowgood, before the Clinical Society of London (*Lancet*, May 24), read notes of two cases of persistent and alarming diarrhœa which yielded promptly to doses of from two to five grains of powdered ipecacuanha thrice daily, after having resisted all ordinary treatment.

CORRESPONDENCE.

To the Editor of the Philadelphia Medical Times:

Dear Sir:—The issue of the *Philadelphia Medical Times* for June 27 contains an editorial, the gist of which, the writer thinks, will not coincide with the convictions of the majority of medical men. The article, the exciting cause of which was an editorial in the *Medical and Surgical Reporter*, seems to premise that upon the occasion of an election to a professorial chair in a medical or scientific institution, the fact of a candidate being a son or close relative of the retiring occupant should carry considerable weight and influence with it.

Now, hereditary succession may do for the so-called "royal families" (royal families are notorious for mediocrity), but we hold that it is vastly out of place in those cases where the highest order of technical and professional erudition is demanded; and, admittedly, such is required of those who compose our faculties, the medical especially.

Professional calibre and attainments should be the inexorable and only measure of fitness of candidates for the high offices; and the object of this brief note is simply to call attention to this matter, and to protest against a species of family wire-working which has upon more than one occasion created dissatisfaction and enmity among medical men.

These remarks are to be taken in their general applicability, and have no special reference to the contest at the Jefferson College: in fact, the writer is not aware of any particulars regarding the vacancy at this institution, and the candidates and their prospects are equally unknown to him.

We all remember the commotion that was raised when Alexander Simpson stepped into the shoes of Sir James Y. Simpson. Let us see to it that no occasion arises with us for such a venting of spleen.

"Eupatorium Perfoliatum."

PROCEEDINGS OF SOCIETIES.

BIOLOGICAL AND MICROSCOPICAL SECTION OF THE ACADEMY OF NATURAL SCIENCES.

June 2, 1873.

Director W. S. W. Ruschenberger, M.D., in the chair.

Present,—Prof. J. Carson, and Drs. I. Norris, McQuillen, J. G. Hunt, Buckingham, B. H. Coates, Corlies, Holman, and Richardson.

Dr. J. G. Hunt made a verbal communication upon the histological appearances of the omentum, and exhibited some beautifully prepared specimens, stating, however, that he had found them some of the most difficult objects to manipulate he had ever undertaken.

Dr. Hunt also displayed a specimen of a stellate hair, or scale, from an ivy leaf sent to him in some vomited matter from one of our large hospitals, as a great

curiosity resembling the devil-fish described by Victor Hugo in his "Toilers of the Sea."

Dr. J. G. RICHARDSON narrated, as *apropos* to the case brought forward by Dr. Hunt, an occurrence which took place in his office that same afternoon, during a lesson he was giving a private student on the examination of blood. One of these stellate hairs managed to insinuate itself into a small drop of the circulating fluid, during an exposure of not more than three seconds elapsing between the puncture of the finger and the application of a covering glass, and the pupil very naturally remarked that had he found such an object under similar circumstances in his own experiments, he would have thought some wonderful discovery had dawned upon him.

Dr. HUNT said that the example related by the Secretary afforded a useful warning in regard to the caution with which we should receive the statements of such observers as Dr. Charlton Bastian, whose so-called investigations on the "Beginnings of Life" had been brought so prominently before the public. These momentous researches required a special and peculiar skill in manipulation, of which few were capable, and the case referred to by Dr. Richardson proved how easy it was for extraneous matters to gain access to fluids whilst being prepared for examination, in spite of all ordinary precautions. To him it seemed far more probable that the low organisms described by Dr. Bastian found their way into the fluids tested by some similar accident, than that they had been spontaneously generated after their germs were destroyed by a boiling heat.

Dr. RICHARDSON did not wish to appear as an apologist for Dr. Bastian, but would like, for the sake of even-handed justice, to call Dr. Hunt's attention to the fact that in many of Bastian's, Wyman's, and Pouchet's ingenious experiments, a whitish flocculent film appeared within flasks (hermetically sealed at 212° Fahr. and afterwards exposed, with their entire contents, to an equal or sometimes even a higher temperature, in a digester) *before any opening had been made in them*, and therefore without any possibility of their enclosed fluid being contaminated by bodies floating in the surrounding atmosphere. Subsequently, when the necks of the flasks were broken off, *visible particles* of this whitish pellicle were removed and examined beneath the microscope, where it seemed to him no very wonderful skill in manipulation was required to avoid error in deciding whether they were composed of mycelial threads and spores of fungi.

SELECTIONS.

BUNIONS.

DR. CHARLES H. LOTHROP writes as follows (*Boston Medical and Surgical Journal*, June 26, 1873): "In the explanation of my mode of treatment, and the apparatus used, it is not necessary to speak of the various pathological changes which have taken place before the bunion has come under the observation of the surgeon. It is sufficient to say that, in the natural formation, the inner line of the foot and great toe is nearly straight, while there is an interval of more or less extent between each of the toes. Now, in this affection, the toe has left the place of its nativity and is found sojourning in a foreign locality. The internal lateral ligament and abductor pollicis pedis muscle have become lengthened, while the external lateral ligament and adductor pollicis pedis muscle have become shortened. The flexors and extensors of the toe have also, to a great extent, become adductors, and the result of this abnormal condition is that, in either flexion or extension, there is an effort to a greater displacement and consequently to a greater distortion. Sometimes this takes place to such an extent that the toe may be seen completely overriding its fellow. At such times there is a very conspicuous displacement of the metatarsal bone inwards, while the proximal phalanx is pressed outward, producing an angle at the metatarso-phalangeal articulation, which separates to some extent the internal margin of the articular surface.

"A wide boot or shoe in the treatment of bunion is unquestionably necessary, but that alone will not elongate that already shortened condition of ligament and muscle; something more is requisite.

"The recommendation of Mr. Erichsen, the division of the tendon and the application of an under splint, is not practicable; besides, there is danger of inflammation, and, finally, of stiffening of the joint. The compulsory apparatus of Mr. Key, by means of a partition in the stocking, like the finger of a glove, and a partition fixed in the sole of the shoe, could not be worn for any length of time without producing pain, inflammation, excoriation, etc. The apparatus of Mr. Bigg has, as I have been informed by a manufacturer of surgical instruments in Philadelphia, proved a failure, and the manufacture of it has been stopped. Displacement of the toe is the obstacle to overcome. This cannot be done by violence without great suffering and distress to the patient, but can be surely and safely accomplished by gentle means. It is necessary that a large boot, shoe, or slipper, made of cloth or other light material, be worn during treatment. A cot, made of muslin or some soft firm fabric, is placed upon the great toe; one or more strips of adhesive plaster are placed upon and around the heel, the free extremities of which extend towards the free end of the cot upon the toe. The ends of the plaster and cot are then connected by means of a strong rubber ribbon, and the *persuasion* of the toe to return to its natural position commences.

"It is sometimes necessary to use other strips of plaster to retain the apparatus in position, one about the instep and one about the ball of the foot, while another is sometimes bound about the great toe and attached to the second, in order to keep each in proper position.

"The contractile power of the external ligament and adductor pollicis pedis muscle is overcome without injury. If they do not readily yield, then they may be partially divided by the operation of tenotomy without any dangerous consequences. The danger of inflammation of the joint, resulting from the violent replacing of the toe, is avoided. The antagonistic power of the internal lateral ligament and abductor pollicis pedis muscle is once more regained. The flexor and extensor muscles perform only their legitimate functions. The horrible distortion disappears, and your patient thanks you, with a grateful consciousness that you are, like Luke of old, 'the beloved physician.'"

REVIEWS AND BOOK NOTICES.

COLUMBIA HOSPITAL FOR WOMEN. REPORT BY J. H. THOMPSON, WITH APPENDIX.

The Columbia Hospital was established in March, 1866. We have never seen it; we confess, with a blush, we have never before heard of it; but if it be as much larger than other hospitals as its report is larger than other hospital reports, Columbia may well be proud.

To use mild language, the book is not wanting in self-assertion. With its broad sheets and wide margins, its large, clear type, its elaborate spaces, its four hundred and thirty pages of printed matter, encased in crimson boards, it seems to claim relationship as a sort of distant cousin to the Army Medical Circulars; for upon the "Columbia Hospital for Women" the bright sun of official patronage has risen, and has gilded its towers—if it have any—with a gleam of governmental gold and glory.

As no alumni cluster as yet around this young institution,—as the Honorable Secretary of the Interior and the clerks of the department could scarcely be expected to contribute articles of gynæcological interest,—the great bulk of the work has fallen upon the actual officers, and the text treats principally of cases occurring among its inmates. A short history of the hospital opens the volume (if we except a few loose prospecti of the "College of Obstetrics and Gynæcology," which we found in hiding between the fly-leaves). From it we venture to quote the following: "By comparing the reports of this institution, for the last two years, with the reports of similar institutions in other parts of the country, it will be found that in proportion to our fixed population we furnish gratuitously medical and surgical relief to at least twenty per cent. more patients than are relieved at the hospitals in New York, Philadelphia, and other large cities."

The medical world, both in America and Europe, is beginning to think that it has been relieving gratuitously far more than there is any need for. The point made, too, about "in proportion to our fixed population" is odd. Who would think, now, that Senators, Representatives, and lobbyists would make any great demands upon an institution devoted to gynæcology? It also seems inconsistent to talk in one place of "fixed population," and in another to state that so many beds are reserved for soldiers' widows and wives and the many strangers who come constantly to the national capital.

The statistics do, indeed, appear favorable. Thus, the number of in- and out-door patients for 1872 was 4576: of these 3708 were cured, 561 relieved, 21 died; the rest incurable, unknown, and under treatment. Assuming the same ratio of success in these, we get an average of one unsuccessful result in about eighty, and one death in about every two hundred and fifteen cases; many of these being cases requiring surgical operation. The air of Washington is proverbially pure.

The first article, by Dr. J. H. Thompson, is upon lacerated perineum, and contains much good work, giving a full account of thirty-four out of the fifty-three cases occurring since the opening of the hospital,—a larger number of cases, it seems to us, "in proportion to the fixed population" of Washington, than New York, Philadelphia, and other large cities could speedily produce. The various causes of laceration are gone into by the author, scarcely sufficient stress, it seems to us, being laid upon the effect of sudden descent of the shoulders surprising the momentarily relaxed perineum, and too much upon the use of the forceps, which certainly prevent more lacerations, in careful hands, than they cause in careless ones, unless the national capital possesses more careless obstetricians "in proportion to its fixed population," etc.,—a thing we should be very sorry to believe.

A paper on vesico-vaginal and recto-vaginal fistula, admirable in every way, follows; then one on displacements and diseases of the uterus, with cases, and operations for their relief, including amputations of the cervix. We have not alluded to the illustrations of this volume as yet, but on page 77 we come upon one, illustrating procidentia, which is a study in itself. It reminds us of the old puzzle of Rosamund's bower. We have tried in vain to follow the meanderings of the peritoneal folds, and give it up. This plate—No. VII.—is savagely copied from Savage, and the worst of it is that the indebtedness is acknowledged. In fact, the plates generally are not of a high order. We are early told that as anatomical delineations of the female perineum are wanting in most works, two are given, one from Gray, the other a copy of one published by Agnew in his well-known—but by the author unnoticed—paper in Pennsylvania Hospital Reports, vol. ii. We also would call Dr. Thompson's attention to the magnificent plates in Savage's work on the Female Pelvic Organs. Baker Brown's work, too, if our eyes do not deceive us, is laid under unrecognized contribution,—errors and all. While on the subject, we may call attention to Plates VIII. and III., as unique, if not specially artistic. The flattening of the thigh in the former is probably an atmospheric effect. We hardly like to suggest that the immense protrusion of cervix in the latter is due to loom,—a sort of mirage, in fact,—though after comparing the plate *from* Savage with the plate *of* Savage we are not confident of the Washington artist's ability to hold the mirror up to nature.

To return, however: a very striking case of cancer of the uterus treated by bromine is given in the article on cancer, p. 155. This article is very extended, being largely made up of citations from other authors. Concerning the part played by chronic metritis in the causation of cancer, we think that a study of the author's own arguments would lead us to a different conclusion from his.

On page 202, a case of removal of a crochet-needle from the female bladder is given, followed by an extended and interesting account of similar accidents, exhibiting considerable research. By an unaccountable oversight, however, the case reported by Dr. T. G. Morton in vol. ii. p. 46 of Pennsylvania Hospital Reports is omitted,—a case remarkably similar to the one on which the article is founded. On page 223 is given a case of extirpation of the parotid gland, and, a few pages on, one of removal of the third lobe of the thyroid gland. We scarcely see the connection of these with the rest of the volume,—diseases of the parotid and thyroid glands being, unfortunately, shared by the male sex.

On page 227 a case of impacted fæces diagnosed as ovarian tumor of two years' duration is given. In this, atropia was administered on the theory that it "relaxes the circular fibres at the top of the rectum." Whether the theory be correct or not, suppositories of $\frac{1}{18}$ grain of atropia nightly, assisted by compresses of stramonium infusion to the lower abdomen and matinal enemata of oil and water, proved successful,—the treatment lasting from May 2 to July 10. In this, as in another case given, diarrhœa had been a prominent symptom.

Articles on pelvic cellulitis and diseases of the rectum conclude this section of the report, and, so far as the work informs us, it is all, up to this point, from the pen of Dr. J. H. Thompson.

The report of the dispensary, p. 250, consists of an article from Dr. F. A. Ashford, section Diseases of Females, containing a table of 1612 cases, followed by a paper on metritis acute and chronic, and endometritis, extending over sixty-two pages, full of interest and well worthy of perusal.

The section Diseases of Children opens with a paper by Dr. S. C. Busey upon intermittent fever, 334 cases having presented themselves during the period covered by the report. Statistical tables showing the percentage of cases among white and colored, adults and children, and males and females, are given.

To one point we wish to call attention. Page 328, Dr. Busey says, "Except in children one year of age and

under, there is no absolute certainty of arresting the paroxysms unless from fifteen to twenty grains" (of quinia) "be given during the intermission." Emboldened by a considerable experience in the malarial diseases of children, we wish to protest against the indiscriminate following of any such rule. We are convinced that by following the same law in regard to the dose of quinia that we do with other drugs, we can arrest paroxysms *as certainly* in children as in adults, however certain that may be; *i.e.*, for instance, that three grains of quinia for a child between three and four years are as effectual as ten or fifteen grains for an adult; and we are not convinced by the opinions of Binz, Jacobi, and others, that immense doses are free from danger. We may add that the muriate of quinia possesses advantages, in Dr. Busey's opinion, in the cases of children.

Dr. Busey next treats of entero-colitis, cholera infantum, dysentery, and difficult dentition together, because, he says, they so run one into the other as to make definite division difficult. Page 331, "all have one symptom, increased frequency of the alvine dejections," and, again, "yet all admit that clinically it is impossible to determine with accuracy the pathognomonic differences," and on page 332, "if frequent and exhaustive serous and choleraic stools attended with rapid waste and collapse define and limit cholera infantum, . . . where can be classed that common form of simple diarrhœa not usually attended with fever or abdominal tenderness? Is not the distinction one of degree rather than kind?" To which we add for the author's benefit the query, Are Asiatic cholera and cholera morbus different in degree only, and not in kind? Are Asiatic cholera and the effect of a Seidlitz powder different in degree and not in kind?—and pause for a reply. We had always thought that cholera infantum, by its suddenness of onset, by its obstinate vomiting and rapid collapse, was a sufficiently marked disorder to be diagnosed as a rule. In fact, the author admits as much somewhat farther on.

In regard to treatment, we find a little of the same confusion as in regard to diagnosis, though the article is carefully written by one familiar with the literature of the subject, and is of great interest. We can agree with the author's condemnation of mercury and his confession of the inutility of vegetable and mineral astringents. His reliance is upon bismuth, opium, and the alkalies, especially bismuth, whose beneficial effects we suspect are more due to the opium and alkalies with which he combines it than to its own inherent powers. He considers chalk as the best antacid, and recommends morphia and sulphuric acid in atonic diarrhœa in which the above treatment has failed. The use of creasote, an exceedingly valuable remedy in cholera infantum, is not noticed by the author. In entero-colitis, suppositories of opium are preferred to liquid injections, and we could wish that he had given us his experience as to the dose to be employed in proportion to the age, the risk of opium in suppository, in infants, being very great,—it being exceedingly difficult to give enough without giving too much, and in managing suppositories the dose cannot so readily be gradually increased and watched as in giving it by the mouth. The suggestions as to diet are, in the main, good. The recommendation of "pure and fresh country grass-fed cow's milk," however, is unfortunately too much like the alchemical formula for the elixir of life, beginning, "Take a thousand pounds of pure gold." The practical fact about milk appears to be that in very many cases it is the provoking cause of cholera infantum in cities; that its withdrawal does as much good as the administration of remedies. Of course something must be substituted; and, notwithstanding the aspersions which have been cast upon the merits of beef-tea, we know no better substitute than it, the withdrawal of milk and farinaceous food and the use of beef-tea for a few days sufficing, in the majority of cases seen early, to arrest the disorder at its outset. Of course, in the face of chemical analysis, and the bugbear, incipient science, he would be bold who would continue it as sole article of diet for any considerable time. The infant stomach will often reject beef-essence, where it retains beef-tea.

Brandy and ammonia are advised in the collapse of cholera infantum, though how often they aggravate vomiting and fail to produce reaction all know. Nor have we found Huxham's tincture of any use until the disease is completely checked. In fact, sulphate of quinia with opium and nux vomica has been better borne, in our experience, than the tinct. cinchon. comp.

On page 360, in regard to the thirst accompanying diarrhœa and cholera infantum, Dr. Busey says, "This is generally more apparent than real. The child is not able to appreciate the difference between dryness of the mouth and fauces and the demand of the system for fluid." This want of mental acumen on the part of the child is also, strange to say, discoverable in adults under similar circumstances. Again, "Pure water should never be given." We think this a mistake. Pure, cool water given a little at a time is certainly no more injurious than unlimited draughts of its recommended substitutes,—rice-water, toast-water, or even the albumenized water,—all of which, as they cannot be made continually, are apt to deteriorate rapidly in freshness and purity. We feel some doubt, however, whether the author's condemnation of "pure" water be not a covert commendation of the impure. Certainly, if impure water is useful for infants, it is not difficult to get.

We have read the article following, also by Dr. Busey, "on the value of certain drugs in the treatment of bronchitis," but can come to no satisfactory conclusion about it. It is hard reading, because the author does not tell us early what he intends to prove. Suspense may keep one up through a long novel, but never through a medical article somewhat long and very dry.

The report of the Department of Diseases of Eye and Ear, by Dr. D. W. Prentiss, concludes the volume. All in all, this is the most thoroughly true hospital report we have ever seen. It shows an amount of faithful work of which any institution might be proud, and, while we think it will be difficult, on the same plan, to make succeeding reports come up to its standard, we hope earnestly that they may, and recommend the present volume to the careful attention of all interested in the subjects of which it treats.

GLEANINGS FROM OUR EXCHANGES.

RARE DISLOCATION OF THE HUMERUS (*British Medical Journal*, June 7, 1873).—A. W. Stocks reports a case of dislocation of the humerus, where the flattening of the shoulder and the prominence of the acromion, said to be common to all luxations of the humerus, were absent. He describes the case as follows:

"The shoulder at first sight gave no indication of any abnormal position of the head of the humerus. There was no undue prominence of the acromion, nor perceptible flattening of the deltoid muscle, conditions almost invariably present in dislocation of the humerus. The arm was capable of very extensive movements: it could be brought to the side, raised to a right angle with the chest, and extended forwards. The only motion which was restricted, and that to a slight degree, was the backward one. Of course, none of these movements could be accomplished without considerable pain. The

sole alteration in the figure of the joint was a slight flattening on its anterior aspect, rendering the coracoid process just perceptible to the eye, and a slight bulging under the posterior edge of the acromion.

"It will be remembered that in the normal condition of the shoulder-joint, when the arm hangs perpendicularly by the side of the body, the head of the humerus projects slightly beyond the anterior edge of the acromion process, and that there is a corresponding hollow or depression under the posterior edge of that process. A condition the exact reverse of this was the whole distortion found in this case."

The dislocation here was probably "sub-acromial," and the head of the bone rested on the posterior edge of the glenoid fossa. In considering how it was retained in such a position, he concludes:

"The only theory that I can offer is, that the long head of the biceps had become partially dislocated from its position, arching over the head of the humerus, and slipped down anteriorly to it, preventing its return into the glenoid fossa; whilst the tendon of the subscapularis, which is generally in backward dislocation found to be detached from the lesser tuberosity of the humerus, had not been ruptured, so preventing the further and more evident displacement of the bone behind the neck of the scapula."

SPONTANEOUS ORIGIN OF CHOLERA.—In a very interesting account of cholera epidemics in South America (*American Journal of the Medical Sciences*, July, 1873) Dr. E. M. Estrazulas sums up as follows:

"1st. Cholera was unknown in Paraguay and La Plata previous to 1866.

"2d. Before the armies were stationed at Estero Bellaco, no case had occurred, and after the removal of the troops the disease totally disappeared.

"3d. No vessels from infected ports arrived at La Plata or Paraguay previous to 1866.

"4th. If cholera had been imported from abroad, the cities at La Plata ought to have been the first attacked.

"5th. Troops coming from Brazil could not have brought the disease with them, as it did not exist at any Brazilian port or city at the time.

"6th. Cholera appeared first in Paraguay, and following the course of the rivers infected in its downward march all the cities on their banks.

"7th. The disappearance of the successive epidemics followed an inverse route to that of the invasion.

"8th. The Paraguayan army, where the disease first appeared, was secluded from the rest of the world and completely blockaded by land and water.

"9th. The disease remained endemic for three years in Paraguay.

"10th. The combination of causes at Estero Bellaco resembled those presented in India.

"11th. The combination of causes in India has never been reproduced except in Paraguay."

TRIGEMINAL NEURALGIA TREATED WITH THE CONSTANT CURRENT.—In *The Practitioner* for June, 1873, Mr. Samuel Craddock, F.R.C.S., reports a case of severe neuralgia of the left fifth nerve, in a neurotic patient, æt. 64, following exposure to cold and damp, and persisting for five months. Every branch of the sensory portion of the nerve became affected, and for eight weeks nothing but liquid nutriment could be taken, and that only through a glass tube. Alkalies were administered under the impression that the disease was due to the gouty diathesis; iron, arsenic, and nux vomica were given; hypodermic injections of morphia and atropia were employed; and finally, after the failure of these and many other remedies, the daily application of a constant current derived from eight cells of Weiss's battery was commenced. The positive pole was placed at the back of the neck, and the negative applied successively to the several foci of pain, being kept steadily on each for a minute or more. After the third application the improvement was marked and continuous, and at the end of a fortnight the cure was complete. The direction of the current here was "inverse," from centre to periphery; and this is one of many cases which seem to show that the older ideas regarding the influence of the direction of the current must have been to a large extent erroneous.

USE OF GELATIN SUPPOSITORIES IN OBSTINATE CONSTIPATION DUE TO ACCUMULATION OF FÆCES IN THE RECTUM.—In the above cases, and when there exists an accumulation of hardened fæcal matter in the rectum or colon, Dr. Nagel (*Allgemeine Wiener Med. Zeitung*, April 1, 1873) finds that when purgatives and enemata have failed, and in order to dispense with the use of the anal *curette*, suppositories of gelatin constitute an easy, harmless, and effective means of removing the evil. The suppositories are made of brown gelatin. They are steeped in water for twelve hours, and being thus softened and enlarged are introduced into the rectum. By subjecting the patient to a suitable regimen, an evacuation of pultaceous matter is obtained in twenty-four hours. The author attributes these effects to the hygrometric properties of the suppositories.—*Lancet.*

NOCTURNAL INCONTINENCE OF URINE CURED BY CHLORAL HYDRATE.—Dr. Girolamo Leonardi has recorded in *Raccoglitore Medico* five new cases of the above, in which the use of a solution of chloral hydrate was entirely successful. The patients were all aged eight to ten, and the disease had resisted various means which had been previously employed. In all the cases the cure was effected most promptly, and was permanent. The dose was from seven to fifteen grains in about an ounce and a half or two ounces of water, taken at once or in two doses. In some cases the very first dose was successful, in others five doses were necessary to effect the cure. The drug was administered in the evening, two hours at least after food; and Dr. Leonardi strongly recommends that the patient should drink as little water as possible.—*Lancet.*

ENLARGEMENT OF THE TONSILS AS A CAUSE OF NIGHTMARE (*British Medical Journal*, June 7, 1873).—J. Warrington Haward, F.R.C.S., relates some cases of nightmare occurring in children, resisting ordinary methods of treatment, and increasing in frequency and severity, which were at once permanently cured by the removal of a portion of the tonsils. As these glands were enlarged, he was led to believe that the obstruction to respiration and consequent cerebral congestion were sufficient to produce the disorder. Nightmare due to gastric irritation or dentition occurs, as a rule, only once in the night, while that due to enlarged tonsils often recurs several times in the same night, and is invariably observed to be aggravated by the child catching cold.

FATAL POISONING FROM CHLORATE OF POTASSA.—In the *Pacific Medical and Surgical Journal* for June, Dr. A. M. Ferris gives a case of supposed poisoning from chlorate of potassa, where a "large spoonful" of the salt was swallowed by mistake, and was followed by congestion of the surface, blue lips, cold extremities, inability to empty the bladder, hæmaturia, and death. At the post-mortem examination the auricles were found filled with large coagula, and the ventricles empty and contracted. The lungs and abdominal viscera were healthy. As the brain and kidneys were not examined, absolute proof appears to be wanting that the symptoms were really due to the salt of potash.

DELIRIUM TREMENS AFTER CHLORAL-DRINKING.—Dr. George F. Elliott (*Lancet*, May 24) relates an interesting case where the excessive use of chloral produced inaptitude for exertion, muscular pains in the upper extremities, loss of appetite, great thirst, constantly fetid breath, constipation, and finally a semi-comatose condition. The patient, a man æt. 35, had been in the habit of taking fifteen grains of opium daily for many years, but had for a few weeks substituted chloral, taking two hundred grains in the twenty-four hours. Its withdrawal produced at first sleepiness, and then all the phenomena of delirium tremens, which subsided under the use of large doses of tartar-emetic and opium.

MISCELLANY.

MAKING MISTAKES.—If Liebig was hasty in expressing an opinion, he was equally ready to retract when convinced that it was erroneous. I once had a conversation with him on this point, and he spoke of the fear some scientific men had of being caught in a mistake. He considered errors inevitable and inseparable from the accomplishment of any scientific work; and it was on this occasion that he made the oft-quoted remark, "Show me the man who makes no mistakes, and I will prove to you that he does nothing." It is easy enough for a scientific man who publishes nothing, but only criticises others, to escape the charge of committing errors, and for such persons Liebig entertained a wholesome contempt. What he desired, above all things, to know, was the truth; and when he thought he had discovered it, he was anxious to give the benefit of it to the world.—*Journal of Applied Chemistry.*

THE CHOLERA IN EUROPE.—Reports from Dantzic state that on June 19, 27 cases of cholera occurring among Polish boatmen had been received into the hospitals at Neufähr and Strohdalch, of which 19 had died. The disease has reappeared in Warsaw, where from May 30 to June 12 there were 19 cases, of which four were fatal. Eight cases, of which five died, occurred in the neighborhood of Thorn on June 13 and 14. In Moravia, where no cases of cholera had occurred after March 23, the disease broke out on May 31 in a place in the district of Znaim. Six persons were attacked, of whom five died. In Galicia, during the second half of May, 118 new cases of cholera occurred in seven districts, with a population of 13,084. Including 48 remaining under treatment, there were in all 160 cases, of which 117 recovered, and 43 died.—*British Medical Journal.*

AN EGYPTIAN MEDICAL PAPYRUS.—From the *Allgemeine Medizinische Central-Zeitung* we learn that Professor Ebers, of Leipsic, during a recent visit to Egypt, has obtained possession of an ancient papyrus, written in the oldest hieratic character, and believed to be above 3400 years old. Notwithstanding its great age, not a single letter is wanting in the hundred and ten leaves of which it consists. It is a complete treatise on ancient Egyptian medicine, in which the diseases of the several parts of the body and their treatment are described. Nine leaves are devoted to diseases of the eyes,—a subject in which the Egyptians were in advance of all other nations of antiquity. It is said that the King of Saxony has obtained possession of the papyrus for the library of the University of Leipsic.—*The Clinic.*

MEDICAL SOCIETIES IN SWITZERLAND.—There are forty medical societies in Switzerland, including practitioners in all the cantons except Tessin and Wallis. The largest is the cantonal society of Zurich, with 149 members. One—the Oberaargau Medical Society—is more than a hundred years old; and five others have existed more than fifty years. About half of them hold twelve or more meetings in the year; the remainder meet less frequently—from one to seven times in the year. The cantonal society of Bern possessed a fund of 9500 francs at the end of 1871; the subscriptions to the others vary from one to five francs yearly.—*London Medical Record.*

HYGIENIC USE OF TEA.—In a paper by Dr. Adam Smith, read before the London Society of Arts, the use of tea was recommended in the following cases: after a full meal, when the system is oppressed; for the corpulent and the old; for hot climates, and especially for those who, living there, eat freely, or drink milk or alcohol; in cases of suspended animation; for soldiers who, in time of peace, take too much food in relation to the waste proceeding in the body; for soldiers and others marching in hot climates, for then, by promoting evaporation and cooling the body, it prevents in a degree the effects of too much food, as of too great heat.

QUICK.—They have rather a rapid way of living and dying in Memphis. Dr. Miller, of Atlanta, who was in Memphis while the cholera prevailed there, narrates a sprightly incident. At seven o'clock a man went to market and bought his breakfast, went home, cooked it, and was eating it, when he was taken with cholera. He sent for Dr. Miller, who visited him at nine o'clock, prescribed, and told him he would be back in an hour. At a quarter-past ten he returned. The man was not only dead, but had been buried, and the room swept and garnished for another occupant. What could Dr. Miller have given him?—*New York Tribune.*

JOSH BILLINGS ON DOCTORS.—Doktors are not all quaks; yu hav got wrong noshuns about this.

Doktors, lawyers, and ministers hav a hard row to ho; they hav to deal with the kredulity, knavery, and fears ov the people, three ov the most difficult traits in human natur tew handle.

If i was a doktor, and understood mi bizziness, i should *doktor mi pashunts*, and let the disease take care ov itself.

More folks are kured this way than enny other.

It ain't much trouble tew doktor sick folks, but tew doktor the well ones is bothersum.

FOR upwards of forty years the ipecacuanha-plant has been cultivated in the Royal Botanic Garden, Edin-

burgh; but it is only recently that the plant has been propagated. The continued destruction of the ipecacuanha-plant in Brazil, and the risk of scarcity in the supply of this valuable remedy for dysentery in India, have called attention to the desirability of introducing its cultivation into the British possessions in India. Great numbers of the plant have, therefore, been sent from Edinburgh and extensively distributed in India.—*Medical Times and Gazette.*

AN APPLICATION TO CORNS.—Castor oil applied to the corn, after paring closely, each night before going to bed. It softens the corn, and it becomes as the other flesh. It will cure every time.—*Southern Med. Record.*

FEMALE DOCTORS.—The *Pharmaceutical Journal* quotes the following couplet from the "Nugæ Canoræ Medicæ," where the poet-laureate of the Edinburgh New Town Dispensary predicts,—

"An' when the leddies get degrees,
Depen' upon 't there's nocht 'll please
Till they hae got oor chairs an' fees,
An' there's an en' o' you an' me.
For a' that ken the woman craiter
Maun own it is her foremost faitur
To tak' to lecturin' by natur';
An' hoo she'll do't ye sune 'll see."

A LABELLED MONARCH.—The King of Dahomey is reported to have changed the fashion of his wearing-apparel. Seated on his throne, he received a scientific commission, not long ago, his body profusely decorated with the blue, gold, and green labels which had been carefully peeled from the medicine-bottles brought by Europeans into his dominions.

INDIAN WIT.—The Modocs seem to have taken a hint from their pale-face brethren, and are prepared to advance the plea of insanity in defence of Captain Jack. The distinguished murderer is reported to have conducted himself in the most approved fashion, sitting apart, plunged in moody thought, and unapproachable by his own relatives.

A PROFESSOR of physiology, in explaining to a class of female students the theory according to which the body is renewed every seven years, said, "Thus, Miss B., in seven years you will in reality be no longer Miss B." "I really hope I sha'n't," demurely responded the young lady, casting down her eyes.

TO PREVENT GLUE BECOMING SOUR AND MOULDY.—The addition of a quantity of carbolate of soda, just sufficient to give a strong smell to the glue, will accomplish the desired result.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U.S. ARMY, FROM JULY 8, 1873, TO JULY 14, 1873, INCLUSIVE.

PETERS, D. C., SURGEON.—Granted leave of absence for thirty days, with permission to apply at Headquarters Division of the South for an extension of thirty days. S. O. 106, Department of the Gulf, July 1, 1873.

Retransferred from Department of the Gulf to that of the South, and on expiration of his present leave to report in person for orders to Headquarters Department of the South. S. O. 36, Military Division of the South, July 4, 1873.

GREENLEAF, CHARLES R., ASSISTANT-SURGEON.—Granted leave of absence for three months. S. O. 124, A. G. O., July 9, 1873.

BROOKE, JOHN, ASSISTANT-SURGEON.—To repair temporarily to Portland, Oregon, and report to the attending Surgeon for medical treatment. S. O. 78, Department of the Columbia, June 24, 1873.

PHILLIPS, H. J., ASSISTANT-SURGEON.—Assigned to duty with troops about to march to the Columbia River. S. O. 76, Department of the Columbia, June 20, 1873.

KORRPER, E. A., ASSISTANT-SURGEON.—To report to the Commanding General, Department of the Lakes, for assignment to duty. S. O. 137, c. s., A. G. O.

WEEKLY RETURN OF DEATHS AND INTERMENTS IN PHILADELPHIA FOR THE WEEK ENDING SATURDAY, JULY 12, 1873.

DISEASES.	Adults.	Minors.	DISEASES.	Adults.	Minors.
Abscess	1	...	Gangrene	1	...
Apoplexy	6	...	Hemorrhage	...	1
Burns and Scalds	2	...	" from Lungs	2	...
Cancer	...	1	" Throat	1	...
" of Liver	1	...	" Uterus	...	1
" Uterus	1	...	Hernia	1	...
Casualties	6	...	Hooping-Cough	...	3
Cerebro-Spinal Meningitis	1	6	Inanition	...	4
Cholera Infantum	...	159	Inflammation of Brain	4	14
" Morbus	8	...	" Bronchi	...	2
Cirrhosis of Liver	2	...	" Heart	1	...
Congestion of Bowels	...	1	" Liver	...	1
" Brain	2	5	" Lungs	6	2
" Lungs	2	1	" Peritoneum	2	...
Consumption of Lungs	26	7	" Stomach & Bowels	...	8
Convulsions	1	21	Intussusception	1	...
Cramps	...	1	Mania a potu	1	...
Croup	...	2	Marasmus	...	28
Cyanosis	...	4	Measles	...	2
Debility	10	20	Neglect	...	1
Diarrhœa	5	2	Old Age	6	...
Diphtheria	...	2	Paralysis	5	...
Disease of Heart	11	...	Poisoning	1	...
" Kidneys	2	...	Pyæmia	1	...
" Lungs	1	...	Rheumatism	1	...
Dropsy	2	2	Rupture of Urethra	1	...
" of Brain	...	5	Softening of Brain	3	...
" Heart	1	...	Still-Born	...	16
Drowned	3	3	Sunstroke	3	3
Dysentery	2	...	Tabes Mesenterica	...	2
Erysipelas	...	1	Teething	...	1
Fatty Degeneration	1	...	Tetanus	...	1
" of Liver	1	...	Tumors	2	...
Fever, Scarlet	1	10	Unknown	3	...
" Typhoid	4	4			
Fracture of the Skull	1	...			
" " Spine	1	...			
TOTALS				151	347

METEOROLOGICAL OBSERVATIONS TAKEN AT THE SIGNAL OFFICE, PHILADELPHIA, DURING THE WEEK ENDING SATURDAY, JULY 12, 1873.

Month and Day.	Barometer. Daily Mean	Thermom. Daily Mean	State of Weather.	Rain. In.
JULY.				
Sunday 6th	29.95	71	Fair, Clear.	.....
Monday 7th	30.01	69	Clear.	.....
Tuesday 8th	29.96	70	Cloudy.	.....
Wednesday....9th	30.01	73	Clear, Fair.	.....
Thursday....10th	30.00	72	Clear, Fair.	.....
Friday 11th	30.00	71	L't Rain, Fair, Clear	.28
Saturday 12th	30.23	70	Fair, Clear.	.....
Means	30.02	71		.28

The surface of the cistern of Barometer is located 71.92 feet above the mean level of the sea.

Barometer corrected for temperature, elevation above sea, and instrumental error.